



State of North Carolina
Department of Health and Human Services
Division of Facility Services

Water Vehicle Inspection Report

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____ Provider #: _____

System Affiliation: _____ EMS System _____ Model _____ System Name: _____

VEHICLE INFORMATION

Current Permit #: _____ Vessel Reg. #: _____ Year: _____ Make: _____

Vehicle Type: _____ Assigned Vehicle Number: _____ Fuel Type: _____ Gas _____ Diesel _____

Proposed Operational Level: _____ EMT _____ EMT-Intermediate _____ EMT-Paramedic _____ Purpose of Inspection: _____ Permitting _____ Compliance _____

PERMITTING INSPECTION

LEVEL SPECIFIC INSPECTION

Water Vehicle Inspection

Section A: Mandatory Items

- _____ Vehicle Body & Function
- _____ Emergency Lighting System
- _____ Emergency Siren
- _____ Marine Radio
- _____ Lighted Compass
- _____ Appropriate Patient Care Area
- _____ Floatable Litter w/pt Straps & Secured
- _____ Portable O2 Cylinder
- _____ O2 Regulator w/ adult & Pedi Mask
- _____ Portable suction device w/ tubing
- _____ Adult BV w/mask & tubing
- _____ Pedi BV w/ child & Infant mask plus tubing
- _____ External Defibrillator
- _____ Adult BP Cuff

Missing any items in Section A results in
Summary Suspension or refusal of permit

Section B: Five Point Deduction Items

- _____ Exterior Cleanliness
- _____ Mounted Fire Extinguisher
- _____ Flashlight w/ extra batteries
- _____ 2 - Floatable Long Backboards
- _____ Backboard Straps
- _____ Backboard head blocks
- _____ Adult & Pedi size C-collars
- _____ Adult Spinal Extrication device
- _____ Pedi Immobilization device
- _____ Adult Femur Traction Splint
- _____ Splints (Upper & Lower)
- _____ Patient Area Lighting
- _____ Interior Cleanliness
- _____ OPA's (Adult & Pedi size)
- _____ Adult Nasal Cannula
- _____ Adult & Pedi Soft Suction catheter
- _____ Rigid Suction device
- _____ Sterile Saline Solution
- _____ Adult Stethoscope
- _____ Child BP Cuff
- _____ Infant BP Cuff
- _____ Sterile OB Kit
- _____ Masks
- _____ Pass
- _____ Eye Protection
- _____ Jump Suit / gown
- _____ Shoe Covers
- _____ Disinfecting Hand Wash
- _____ Disposable Bio Trash Bags
- _____ Sharps Container
- _____ Non-Sterile Gloves

Section B Continued:

- _____ Latex Free Equip. or Latex Free Kit
- _____ Burn Kit
- _____ Cold Pack
- _____ Broselow Tape
- _____ Car Seat Avail. To restrain < 20 lbs pedi
- _____ Water Navigation Equipment

Section C: One Point Deduction Items

- _____ Provider Name Displayed on each side
- _____ Equipment Secured
- _____ Nonporous Pillow w/ cover
- _____ Sheet
- _____ Blanket
- _____ Occlusive Dressing
- _____ Dressing
- _____ Bandages
- _____ Roll Gauze
- _____ Heavy Duty Scissors
- _____ Tape
- _____ Alcohol Wipes
- _____ Lubricating Jelly
- _____ NPA
- _____ Bulb Syringe
- _____ Triage Tags
- _____ Urinal
- _____ Bed Pan
- _____ Emesis Basin

Water Vehicle Scoring

Section B: _____ X 5pts = _____

Section C: _____ X 1pts = _____

Total Score B & C: _____

Less than 40 points = Satisfactory

Greater than 40 points = Unsatisfactory

Section A or greater than 100 points = Summary
Suspension or refusal of approval

_____ Deficiencies corrected during
Inspection

Inspection Results

_____ Pass

Permit #: _____

Expiration: _____

Failed: _____ Refusal of Permit

_____ Failed - Temporary

_____ Failed - Summary Suspension

EMT-I Inspection

(in addition to WVI)

Section D: Mandatory Items

- _____ ET Blades (Adult & Pedi)
- _____ ET Handles w/ extra batteries
- _____ Adult ET tubes
- _____ Pedi ET tubes (2.5 - 6.5mm)
- _____ ET Tube stylette
- _____ ET placement device
- _____ Alternative airway device
- _____ IV administration drip set
- _____ IV catheters

EMT-I Model Requirements

- _____ Cellular phone
- _____ Pulse Oximeter
- _____ Non-steroidal anti-inflammatory
- _____ Supplies in date / temp controlled

Section E: Fifteen Point Deduction

- _____ Albuterol
- _____ Aspirin
- _____ Crystalloid solution
- _____ Diphenhydramine
- _____ Epinephrine
- _____ Glucagon
- _____ Glucose solution
- _____ Narcotic antagonist
- _____ Nasal spray decongestant
- _____ Nitroglycerin
- _____ Nebulizer
- _____ IV arm board
- _____ IV start kit
- _____ IV pole or hook
- _____ Magill forceps
- _____ Glucose measurement

EMT-I Scoring

Total points Section B & C = _____

Section E: _____ X 15pts = _____

Total Score: _____

Section D or greater than 40 points =
refusal of approval

_____ Deficiencies corrected during
Inspection

Inspection Results

_____ Approved _____ Not Approved

EMT-P Inspection

(in addition to WVI and EMT-I)

Section F: Mandatory Items

- _____ Monitor / Defib / Pacer
- _____ Monitor acces. (Ad & Pedi)
- _____ Pediatric IO
- _____ EMT-P Model Requirements
- _____ Monitor w/ 12-lead
- _____ Ad. & Pedi nasogastric tubes
- _____ Hypothermic thermometer
- _____ Anti-emetic
- _____ Beta blocker/Calcium Ch. Blocker
- _____ Phenothiazine
- _____ Magnesium Sulfate
- _____ Steroid preparation

Section G: Fifteen Point Deduction

- _____ Adenosine
- _____ Amiodarone or Lidocaine
- _____ Atropine
- _____ Benzodiazepine
- _____ Calcium Ch / Gluconate
- _____ Dopamine
- _____ Furosemide
- _____ Narcotic analgesic
- _____ Sodium Bicarb.

EMT-P Scoring

Total points Section B, C & E = _____

Section D & G: _____ X 15pts = _____

Total Score: _____

Section A, D, F or greater than 40 points =
refusal of approval

_____ Deficiencies corrected during
Inspection

Inspection Results

_____ Approved _____ Not Approved

Comments: _____

Inspector: _____

NCOEMS Water Vehicle Inspection Report, Effective August 1, 2005

Compliance Inspection:

Type: _____ Ramp _____ Spot _____ Provider Audit

Personnel: _____ Level: _____

#1: _____

#2: _____